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Health Risks and Access to Care Among Rhode Island Adults, 2002

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Eliminating health disparities by the year 2010 is an overarching public health goal for Rhode Island, as it is for the nation.¹ Disparities in health status, access to care and health risks occur between men and women, between persons with and without health insurance coverage, and between groups defined by other criteria such as education, income and race/ethnicity. Health disparities can be attributed to differences in individual behaviors and biology, physical and social environments, and access to health care, and to the differential impact of health related policies and interventions.² This report presents data for Rhode Island adults for selected indicators of health risk behaviors and access to health care. It compares results for males with those for females and results for those ages 18 – 64 who have health insurance coverage with those who do not. Data are from the 2002 Rhode Island Behavioral Risk Factor Surveillance System (BRFSS).

Methods. The BRFSS is a national telephone survey of

randomly selected non-institutionalized adults (ages 18 and older) who live in households with telephones. The BRFSS monitors the prevalence of behavioral risk factors that contribute to the leading causes of disease (morbidity) and death (mortality) among adults in the United States.³ Respondents answer questions about a variety

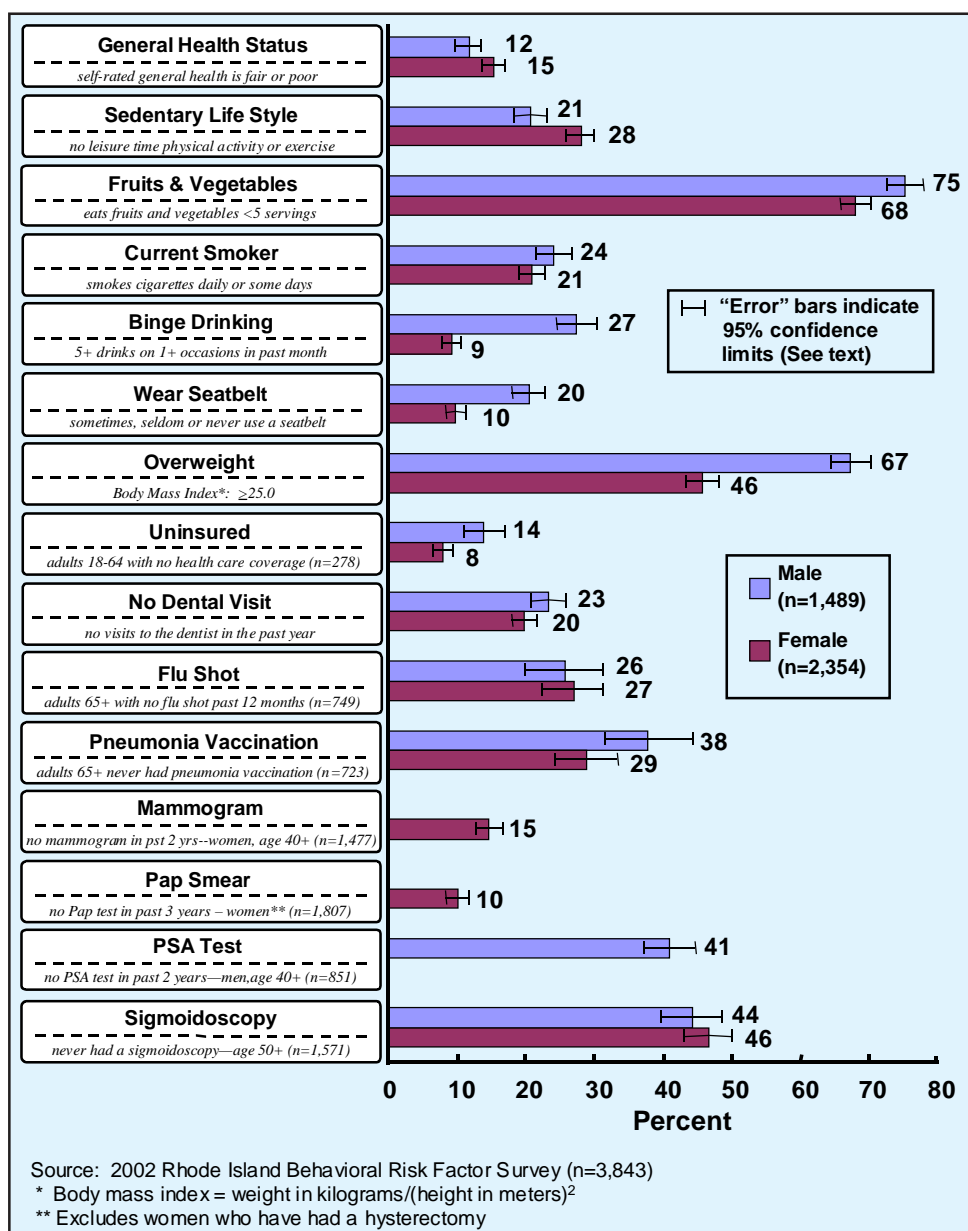


Figure 1. Health Risks Among Rhode Island Adults (Ages 18 and Older) by Sex, 2002.

of key health risk behaviors, about health insurance coverage, and about access to care, including participation in health screenings. The BRFSS is administered in all 50 states and four U.S. territories with funding and methodological specifications provided by the Centers for Disease Control and Prevention (CDC).³ Rhode Island has participated in the BRFSS since 1984; a professional survey organization conducts the annual survey under contract to the Rhode Island Department of Health.

From January through December 2002, the Rhode Island BRFSS conducted approximately 320 random-digit dialed telephone interviews each month, for a total of 3,843 during the calendar year. The sample was comprised of 1,489 males and 2,354 females; 3,093 respondents were between the ages of 18 – 64 and 750 were 65 or older; 2,791 respondents ages 18 – 64 had health insurance coverage and 278 did not. “Error” bars on the charts represent the 95% confidence limits around the values calculated from the sample data. (A 95% confidence limit means there is only a 5% chance that the true value is not included within the span of the error bar.) For comparison of results between groups, Chi-square tests of statistical significance at the $p < 0.01$ level were employed, unless otherwise indicated.

Results. In general, where there are significant differences between males and females, males exhibit riskier behaviors than females. (Figure 1) Significantly higher male rates for health risks are as follows: the male binge drinking rate (27%) is three times that for females (9%); 20% of men indicate they do not always use a seat belt compared with 10% of women; two-thirds (67%)

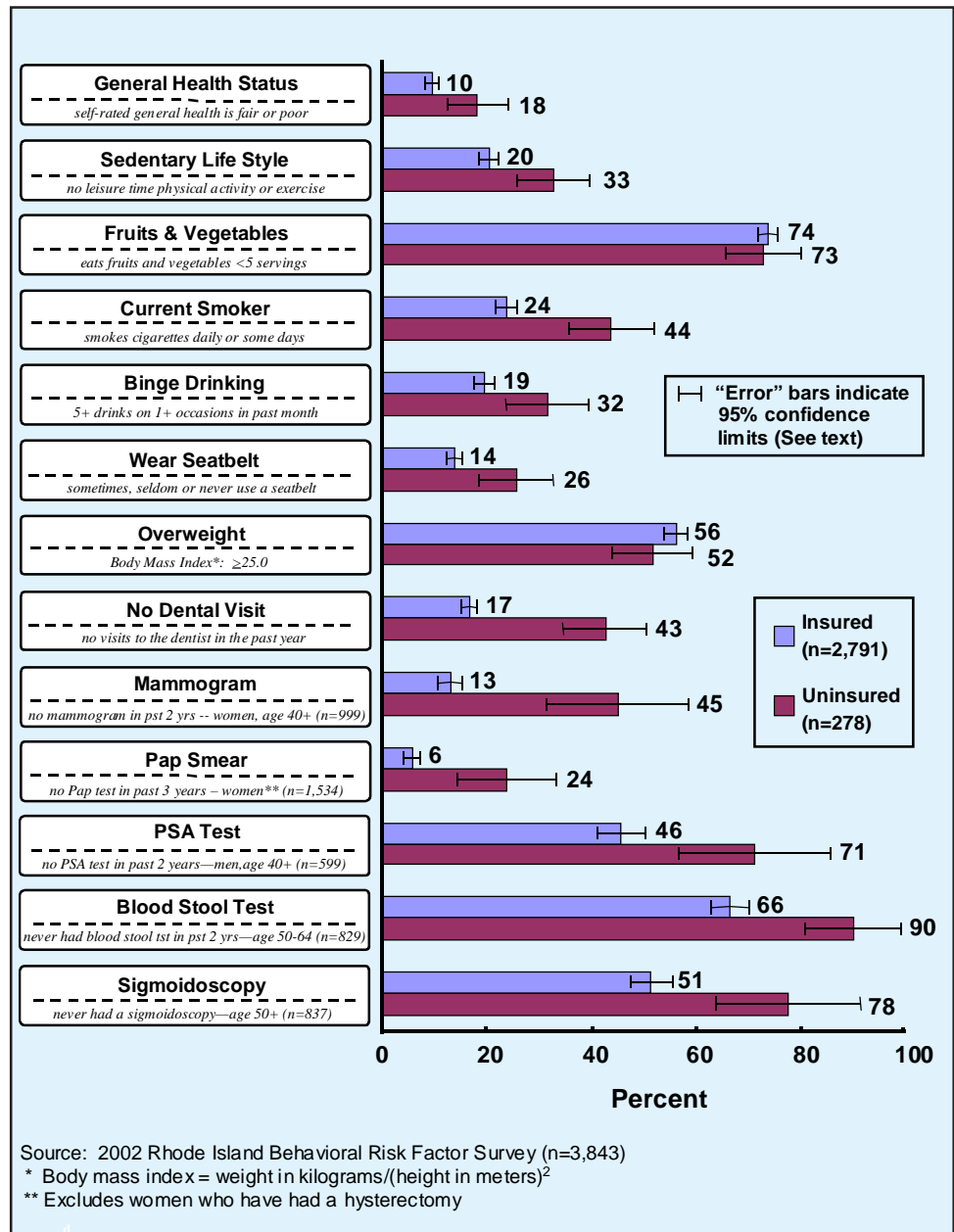


Figure 2. Health Risks Among Rhode Island Adults (Ages 18 - 64), by Health Insurance Coverage, 2002.

of men are overweight compared with 46% of women. While the male current smoking rate (24%) is higher than it is for women (21%) it is not a statistically significant difference. Women are at significantly greater risk than men for only two indicators. A higher percentage of women than men report their general health as fair or poor (15% vs 12%) and women are at greater risk than men for sedentary lifestyle (28% vs 21%).

Similarly, where there are significant differences between males and females, males exhibit poorer access to health care. (Figure 1) Twenty three percent (23%)

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of men did not visit the dentist in the prior year, compared with 20% of women ($p < 0.03$); for people ages 18–64, 14% of men vs 8% of women are uninsured. For persons 65 and older, 38% of men compared with 29% of women have never had a pneumonia vaccination ($p < 0.03$). Although a test of statistically significant difference could not be performed for sex-specific cancer screenings, it is striking that the proportion of men ages 40+ who had not had a PSA test in the past two years (41%) was more than twice as high as the proportion of women ages 40 and older not participating in mammography screening in the past two years (15%) and four times the rate for women not participating in Pap screening in the past 3 years (10%). (The consensus on the benefits of mammography and Pap test is stronger than for the PSA test.)

Differences in health risks and access to care were compared between RI adults ages 18 to 64 with and without health insurance. (Figure 2) Those 65 and older were excluded because nearly all persons 65 and older have health coverage through Medicare. Overall, 11% of working-age adults in Rhode Island lack health insurance coverage. Uninsured persons are at higher risk than the insured for most health risk indicators, the exceptions being similar rates for fruit and vegetable consumption and overweight. The uninsured have significantly higher rates than the insured for fair/poor health status (18% vs 10%), sedentary life style (33% vs 20%), current smoking (44% vs 24%), binge drinking (32% vs 19%) and failure to always use seatbelts (26% vs 14%).

Not surprisingly, rates for measures indicating lack of access to health care for adults ages 18–64 without health care coverage are significantly higher than rates for insured adults. (Figure 2) Forty three percent (43%) of the uninsured had not visited a dentist in the past year compared with 17% of the insured; 78% of uninsured persons ages 50–64 had never had a sigmoidoscopy compared with 51% of the insured; 24% of uninsured women ages 18–64 (vs 6% of insured women) did not have a Pap test in the past three years; and 45% of uninsured women ages 40–64 did not have a mammogram in the past two years, compared with 13% for insured women. 71% of uninsured men ages 40–64 had not had a PSA in the past two years, compared with 46% of insured men.

Discussion. For the majority of the BRFSS health risk and access to care measures presented here, males

are disadvantaged compared with females, and the uninsured are disadvantaged compared with the insured. Addressing male/female disparities in health risks and access to care will require enhancement of health promotion programs and messages targeted specifically towards men and expansion of health insurance coverage for men. Men are less likely than women to have health insurance, and lack of health insurance is an impediment to receiving health care, preventive services, and health messages.

Persons with health insurance are more likely to have a primary care provider and to receive appropriate clinical preventive services such as a recent Pap test, flu immunization, or routine checkups.⁴ The most important determinants of health insurance coverage are income and employment. Income level is the determinant of eligibility for government provided coverage (e.g. Medicaid), while the large majority of non-governmental health insurance is employment-based.⁵ A major step towards eliminating health disparities in Rhode Island and in the United States would be to assure that all Rhode Islanders have adequate access to health care through policies promoting universal health insurance coverage.

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References

1. Carcieri D, Nolan PA. Department of Health Strategic Plan. *The Public's Health*. Special Edition. Winter 2003-04; 6:2.
2. US Department of Health and Human Services. *Healthy People 2010: 2nd Edition. Understanding and Improving Health and Objectives for Improving Health*. Washington, DC: US Government Printing Office, November 2000.
3. CDC's BRFSS website: <http://www.cdc.gov/brfss>.
4. Hesser JE. Utilization of clinical preventive services among Rhode Island adults with and without health insurance coverage, 1999. *Med & Health/RI* 2001; 84:98-9.
5. Merzel C. Gender differences in health care access indicators in an urban, low-income community. *Am J Public Health* 2000;90:909-16.

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